PTO/SB/30 (04-07)
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Request

, roquoor	Application Number	10/644,579-Conf. #5200
for Continued Examination (RCE) Transmittal  Address to: Malf Stor RCE	Filing Date	August 20, 2003
	First Named Inventor	Connie Sanchez
	Art Unit	1617
Commissioner for Patents P.O. Box 1450	Examiner Name	Y. S. Chong
Alexandria, VA 22313-1450		•
Attorney Docket Number 05432/100M919-US1 This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-Identified application.		
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.		
<ol> <li>Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</li> </ol>		
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.		
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on  Other		
b. x Enclosed		
i. X Amendment/Reply iii	. X Information Disclosi	ire Statement (IDS)
ii. Affidavit(s)/Declaration(s) iv. Other		
2. Miscellaneous		
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a		
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)		
b Other		
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.		
a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 04-0100 . Heave enclosed a duplicate copy of this sheet.		
i. X RCE fee required under 37 CFR 1.17(e)		
ii. X Extension of time fee (37 CFR 1.136 and 1.17)		
iii. X Other Additional dependent claims (4)		
b Check in the amount of \$ enclosed		
c. X Payment by credit card ( <del>Form PTO 2000 coolcood)</del>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
Signature	Date	October 1, 2007
Name (Print/Type) Jay 7. Lessler	Regist	ration No. 41,151